

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44764

State File No.

FILED JAN 26 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11721

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11721	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>20 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pana</u>		81209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>509 West 3rd Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>COLLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-52</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 30, 1952</u>		9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Pana, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herschel Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Joly</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herschel Collins, Pana, Illinois</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITAL Atresia of Rectum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recto-Urethral fistula</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
19a. DATE OF OPERATION <u>12/4/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Atresia of Rectum</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7561</u>					
22. I hereby certify that I attended the deceased from <u>Dec 3</u> , 19 <u>52</u> , to <u>Dec 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>52</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jessie X Houston, MD.</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>12/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>12-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pana Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pana, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>DEC 22 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith, MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons-7233 Delmar Bly'd.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 40110

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.